

Naloxone Myths Debunked



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Myth 1

Naloxone encourages substance users to take more drugs.

FACT: Research has shown that naloxone does not lead to more drug use or riskier drug use. In fact, some studies have shown that naloxone results in a decreased use of opioids. Naloxone also causes opioid withdrawal symptoms, which is an effective abuse deterrent.

Myth 2

Naloxone prevents substance users from seeking treatment.

FACT: There is no evidence to support that naloxone prevents substance users from entering a treatment program. In fact, the near-death experience often serves as a catalyst to seeking treatment and maintaining recovery.

Myth 3

Naloxone is taking too much of the public's funds and attention.

FACT: Every medical and emergency service has an associated cost. Substance use disorder and overdose is a recognized health condition that deserves attention. In 2020, 91,799 drug overdose deaths occurred in the United States. Many of these deaths could have been prevented by naloxone.

Myth 4

Naloxone makes people violent.

FACT: One of the most common side effects of naloxone administration in patients is confusion and disorientation. It is rare for someone to wake up from an overdose and become combative. This is especially rare if naloxone is administered by someone they know and trust.

Myth 5

Only doctors can prescribe naloxone.

FACT: The Indiana State Health Commissioner issued a standing order in 2016 that allows anyone to go directly to a pharmacy and purchase naloxone without having to obtain a prescription from their doctor.

Myth 6

First responders administer naloxone to the same people over and over again.

FACT: Research has shown that naloxone does not lead to more drug use or riskier drug use. In fact, some studies have shown that naloxone results in a decreased use of opioids. Naloxone also causes opioid withdrawal symptoms, which is an effective abuse deterrent.

1. Jones, J. D., et al. "No Evidence of Compensatory Drug Use Risk Behavior among Heroin Users after Receiving Take-Home Naloxone." *Addictive Behaviors*, vol. 71, 2017, pp. 104-106.
2. Wagner, K. D., et al. "Evaluation of an Overdose Prevention and Response Training Programme for Injection Drug Users in the Skid Row Area of Los Angeles, CA." *International Journal of Drug Policy*, vol. 21, no. 3, 2010, pp. 186-193.
3. Bazazi, A.R., et al. "Preventing Opiate Overdose Deaths: Examining Objections to Take-Home Naloxone." *Journal of Health Care for the Poor and Underserved*, vol. 21, no. 4, 2010.
4. Buajordet, I., et al. "Adverse Events after Naloxone Treatment of Episodes of Suspected Acute Opioid Overdose." *European Journal of Emergency Medicine*, vol. 11, no. 1, 2004, pp. 19-23.
5. Fisher, R., et al. "Police Officers Can Safely and Effectively Administer Intranasal Naloxone." *Prehospital Emergency Care*, vol. 20, no. 6, 2016, pp. 675-680.
6. CDC. (2022). *Death Rate Maps & Graphs*. <https://www.cdc.gov/drugoverdose/deaths/index.html>
7. Sullivan, C. T. "Opioid Prescribing After Nonfatal Overdose and Association with Repeated Overdose." *Annals of Internal Medicine*, vol. 165, no. 5, June 2016, p. 376.



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